UCSF NEWS

How a Wound Heals

What makes a wound heal? What signals a scar to stop growing? Why do some wounds fail to heal, or take years instead of months to heal?

These questions have engaged the detective instincts of Dr. Thomas K. Hunt, surgeon and researcher at UCSF, since his graduation from Harvard Medical School in 1956.

"Most people, following injury or operation, form scars that heal as strong as they need to be," said Dr. Hunt. "In some cases, however, scars are not as strong as they ought to be—some people simply don't heal well. We are doing research to find out why."

In contrast to poor wound healing, some people grow excessive scar tissue—they overheal, so to speak, until a kind of tumor is formed called a keloid. Keloids engage the research efforts of Dr. Stephen H. Miller, Executive Chief of Plastic Surgery at UCSF. Keloids, which can be extremely disfiguring, are more common in people with deeply pigmented skin. Dr. Miller said keloid removal calls for a combination of surgery and radiation treatment. Radiation inhibits scar tissue formation.

Factors in Wound Healing

Malnutrition, diabetes, infection, poor circulation, extreme obesity, and certain drugs are well known causes of poor healing, but physicians know how to combat some of these conditions. For instance, in cases of severe injury and burns, a feeding method known as hyperalimentation (over-feeding) is used. An infusion rich in calories, proteins, and vitamins is fed into a catheter which is inserted near the collar bone into the large vein leading to the right heart chamber. This method has saved the lives of many severely injured people who otherwise would have died, despite the best of surgical and nursing care. Vitamins C and A are particularly helpful in wound healing.

Oxygen is also important in wound healing. While a Research Fellow at the University of Glasgow, Scotland, Dr. Hunt's work with the Hyperbaric Oxygen Unit developed proof that this technique of delivering oxygen under pressure to patients suffering from gas gangrene or carbon monoxide poisoning is a stimulant to their recovery.

Wound healing is poor in certain hereditary diseases: hemophilia, which prevents blood clotting; Marfan's syndrome, characterized by weak connective tissue and said to have afflicted Abraham Lincoln; and a rare condition called the Ehlers-Danlos syndrome, in which victims have thin skin, suffer from hernia and tend to fall and hurt themselves.

A Case History

In 1965 Dr. Hunt came to UCSF and became a protege of Dr. Engelbert J. Dunphy, Professor and Chairman of the Department of Surgery at UCSF and a pioneer in the study of wound healing.

One day Dr. Hunt met a patient whose problems were to lead the surgeon even deeper into the mysteries of wound healing than he had been before. He was called to see Mr. Robert Stanley by Dr. Glenn H. Bell, Professor of Surgery Emeritus at UCSF, who had had difficulty in attempting to repair Stanley's troublesome hernia. A few hours after the operation, Stanley had coughed and burst open his wound. Dr. Bell repaired the hernia a second time, having to use giant stainless steel sutures to hold the wound together.

"What's the matter with this fellow?" Dr. Bell asked Dr. Hunt. "Why are his tissues so weak?"

Dr. Hunt set out to find the answer—a four-year search which led him to study the molecular makeup of Stanley's tissues. That search has resulted in the discovery of a new disease and to new knowledge about other serious diseases.

"Each question answered would open up yet another mystery to be solved," said Dr. Hunt.

Involved in the search was Dr. Dov Michaeli, UCSF surgeon and biochemist, who is a specialist in the molecular structure of connective tissues. Together they performed all the known tests for all diseases known to involve poor wound healing, but Stanley had no known disease.

What Stanley did have was a phenomenal history of poor wound healing. Yet he didn't look sick. He was a well nourished, husky man who had been able to work as a heavy equipment operator for many years until he hurt his back on the job and had to be operated upon for a slipped spinal disc. The healing was slow, and later the disc mushroomed out of place again. Earlier, an appendectomy scar had healed with great difficulty. As a child, lacerations of his head and leg had taken years to heal. Then, when he had an ulcer operation, his problems became acute. A mere cough had been enough to break open his wounds, and today the scars are still so weak he has to wear a special protective corset.

"Stanley's skin is only about half the normal thickness, and his scar tissue has only about one-third the strength of normal scar tissue," said Dr. Hunt. "As soon as his tissue becomes injured, it just won't go back to its normal strength; even when healing finally takes place, his scars are still weak."

Collagen

Drs. Hunt and Michaeli discovered that Stanley's problem involved the vital substance called collagen. Collagen, from the Greek word for glue, is literally the bonding element that holds the body together. It is the substance that forms tendons and arteries and is the matrix of bones. Collagen abnormalities figure in certain forms of arthritis, which scars the joints, in rheumatic fever, which scars the heart, in chemical burns which scar and thus obstruct the esophagus, and in the formation of excessive scar tissue, after burns, for instance. Millions of people suffer from or are disabled by the effects of excessive scarring.

"When we took a sample of Stanley's skin and tested its chemistry, we discovered that 20 percent of his collagen dissolved in water as opposed to five percent in normal people," said Dr. Hunt. "No wonder he has healing problems!"

Stages of Wound Healing

Dr. Hunt explained that with most people, healing follows an orderly and predictable pattern:

INFLAMMATION: Redness and swelling occur as a reaction to injury. The body rushes white cells to the injured site much as a commander rushes new troops to reinforce the breach made in his lines. White cells act as scavengers, cleaning out dead tissue and fighting infection. Interestingly, without inflammation

repair will not begin. Certain drugs the patient may be taking, such as cortisone, will delay healing by interfering with inflammation.

FIBROPLASIA STAGE: About two days after the injury, cells called fibroblasts appear in the wound. They are long, spindle-like filaments that twist together to form rope-like strands. Fibroblasts are essential for the formation of collagen, the gelatin-like "glue" that will knit the wound together. Now new blood vessels form and grow like bridges across the wound edges. The new blood vessels carry oxygen and nutriment to the tissues. Thus granulation tissue forms to fill in the gap. This process continues for two or three weeks until scars are formed. A "healing ridge" appears, a reliable sign that repair is proceeding. The scar's strength at this time is still small compared to its ultimate strength.

WINDING DOWN PHASE: The great activity of the cells begins to wind down. The "healing ridge" begins to flatten. The tissues begin to resorb and to resemble normal connective tissue. Vital collagen, however, is still being actively laid down and resorbed, and this process will continue for at least six months (sometimes for years), during which time the architecture of the scar tissue improves and the scar gains strength and elasticity.

Dr. Hunt pointed out that cell activity will continue in some scars for many years.

In Stanley's case, Dr. Hunt explained, the collagen was loosely held together instead of being firmly packed into the thin, rope-like strands seen in normal healers. The gelatin-like material was too "slick" and did not have the proper internal strength.

"We proved that Stanley has a molecular disease," said Dr. Hunt. "Whatever chemistry is involved, we hope to work it out, and we believe that Stanley is going to provide the clue. The control of scarring is one of the major forefronts of medicine and Stanley could provide a clue as to how to control other collagen deficiencies. Or perhaps he will provide a new way to combat the opposite problem—that of excessive scarring."

Robert Stanley is now 45 years old. His disease has no name because it is new to the annals of medicine and has never before been recognized or described. Until recently the only other person known to have the puzzling disorder is Stanley's brother, although other members of the family may also have it.

Recently, however, Dr. Hunt was asked by a colleague to see a patient who, like Stanley, had severe wound healing problems. The 25-year-old man had ruptured an artery in his abdomen merely from jumping off a fence. At that, the ground was cushioned by snow. The operation to repair the artery was extremely difficult because the arterial tissue was so fragile that sutures tore through it, causing excessive bleeding. To make matters worse, his abdominal wound then tore open from the stress of vomiting.

Dr. Hunt found many similarities to Stanley in the young patient: both men had a history of hernia, ruptured spinal disc, and poor wound healing; both had thin skin and fragile scars. The new patient related that as a child he noticed he often got bruises on the palms of his hands when he played football but that his playmates did not. (Few normal people get bruises on their palms, Dr. Hunt noted.)

When the young man recovers from his operation, he will undergo study of the molecular structure of his tissues. Dr. Hunt thinks it likely that he, too, may suffer from a form of this unnamed disease. Whatever the case, both these men will be helped in the management of their strange disease . . . possibly cured . . . and they will also be helping to advance knowledge that may help many other people.

Dr. Hunt, now Associate Professor of Surgery, formerly served as Assistant Chief of the Surgical Service at San Francisco General Hospital and presently is one of the principal investigators of the Trauma Unit there. He is now Executive Chief of the Gold Surgical Service at Moffitt Hospital and President (California Division) of the American Trauma Society, a newly formed organization that works to combat trauma—the third leading cause of death (after heart disease and cancer) in the nation.

Joan Spiegelhalter

The "New Vegetarianism" and Your Health

The "new vegetarianism" has become a fact of life whose medical consequences are being encountered more and more by health professionals.

Darla Erhard, a nutritionist in the Pediatrics Department at SFGH, and recently appointed to a UCSF faculty position, first became aware of the growing numbers of young converts to vegetarian diets when she was a graduate student at UC Berkeley. Although she is not a vegetarian, herself, she accomplished much of the research for her Master's thesis on the subject by way of "rap" sessions with vegetarian groups in Berkeley.

Later, her interest in probing the "what and why" of vegetarianism led this soft-spoken, long haired blonde into making visits to Bay Area communes, "free clinics," and other places where young vegetarians could be found. A recent result of these investigations and her experience as a hospital nutritionist, was the publication of a two-part series of articles on "The New Vegetarians" published in the magazine, *Nutrition Today*.

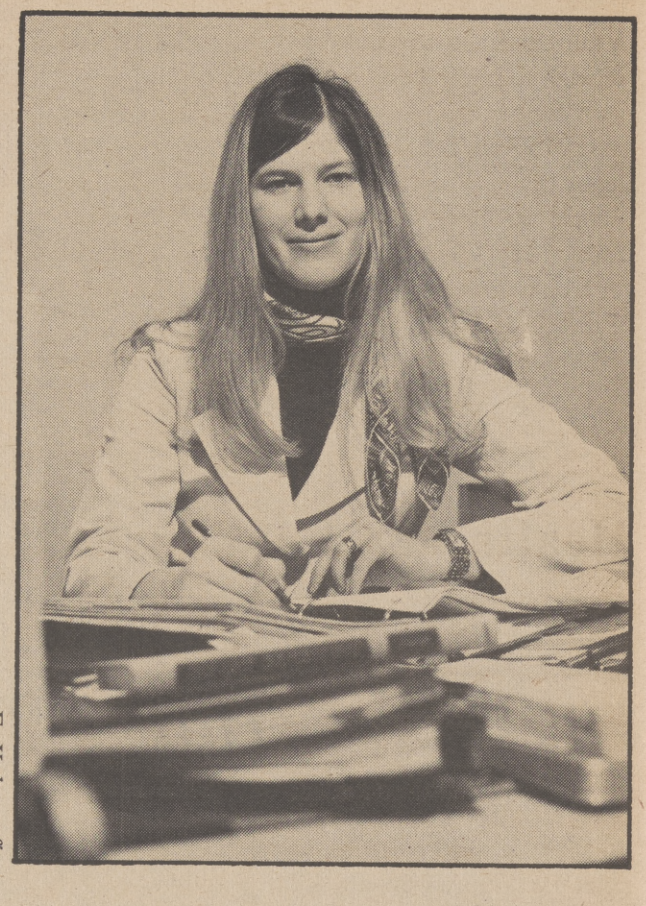
According to Mrs. Erhard, "Vegetarianism in its new form is appealing to perhaps millions of socially mobile young adults who reflect a middle and upper middle class background."

Historically identified with Eastern religions, vegetarianism today is an essential element of various cults whose followers believe they can purify their bodies and souls through "a new religion and a new lifestyle." Examples are Vegan, Krishna Consciousness, Sufi, Yoga groups and, notably, the Zen Macrobiotic Movement. For some, the latter has become an alternative to the drug culture offering a continuation through diet and meditation of the "high" and "mind expansion" experiences.

While the cults, in Mrs. Erhard's opinion, have contributed to peace of mind for a great many young people, it is equally certain that some of the practices have produced unnecessary illnesses and have even done permanent damage to the more fanatical followers.

The extreme cultists regard physicians as symbols of the establishment from which they are fleeing. Since most of these doctrines also preach self-reliance, the vegetarians not only don't turn to physicians when they need them, they think of themselves as their own physicians.

Says Mrs. Erhard: "What is needed is effective communication between the new vegetarians and sympathetic physicians and dieticians who will try to understand what they seek to achieve. Unless a way can be found to break down the wall behind which these communal young people have decided to live, rickets, pellagra, and scurvy will cease to be obscure diseases encountered only in text books."



E. Kolsanoff

Darla Erhard, R.D., M.P.H., author of studies on "The New Vegetarians" has just been appointed Associate Specialist I and will be an instructor in the Renal Center of the Ambulatory Care Center. She has been a nutritionist with the Clinical Study Center and Pediatrics Service at SFGH.

She adds that vegetarian diets that contain a wide variety of foods rich in the necessary vitamins, minerals, proteins and calories, plus some animal products such as eggs, cheese and milk, can be healthy. However, strict vegetarian diets have resulted in dangerous medical and nutritional problems, especially for pregnant women, infants, and children.

"Those who avoid all animal products, including dairy products and eggs, risk a deficiency of vitamin B which has no known reliable plant source. Children of vegetarians who follow extreme diets are especially prone to rickets since the food contains very little vitamin D. Infants can become very ill from being fed "milk" extracted from nuts, or gruel type dishes made from whole grain."

The Council on Foods and Nutrition of the American Medical Association has officially condemned Zen Macrobiotics and, though the original diet of brown rice and water has been liberalized, it still does not conform to accepted principles of good nutrition. However, Mrs. Erhard finds the "new vegetarians" in general are "very receptive to information we give them, and willing to consult such sources as the United States Department of Agriculture handbooks on the nutritional contents of foods."

With tolerance and understanding, she believes, there is much that can be done to help reinforce the positive aspects of vegetarian diets and help young people to avoid harmful practices.

"It is especially important to find ways of communicating with parents so that the children are given

a fair chance to remain healthy until they are old enough to make their own choice."

After her articles appeared in *Nutrition Today* magazine, Darla Erhard was heartened to receive a letter from a Tennessee commune, where 600 young people are living self-sufficiently on a 1700 acre farm. They wrote: "We don't cop to the macrobiotic or fruitarian diets because they are inadequate nutrition and will make you sick and weak."

Claire Wray

Health and Safety

This is an age of increased popular interest in man's general environment. Subjects of concern to everyone are: air or water pollution; noise control; product contamination or defect resulting in condemnation or recall; traffic hazards and control; and safety matters directed at seleeted occupational groups.

The Federal Occupational Safety and Health Act (OSHA) of 1970 will require additional concern and attention to physical as well as operational aspects of safety and health in the occupational environment. In October 1973, the California Occupational Safety and Health Act (CAL/OSHA) was passed, which resulted in all State governmental agencies being included in the compliance requirements of the CAL/OSHA standards. The CAL/OSHA program will be at least as restrictive as the Federal OSHA program and will result in more inspectors (and presumably more inspections) than existed under the federally administered program for California.

The goal of the UCSF campus Environmental Health and Safety Office (EH&S) is to maintain an environment for its students, faculty, staff and visitors, that will not adversely affect their health and safety. Needless to say, the EH&S Office cannot achieve this goal alone, but will require the cooperation, assistance, and assumption of responsibility by many others. There is much that needs to be done.

On the UCSF campus, the levels of responsibility are as follows:

1. An individual shall not perform any function or operation which he deems hazardous, until he consults with his supervisor or the Office of Environmental Safety as to the safe manner of procedure.

2. Each supervisor is responsible for the safety of the facilities and operational procedures of personnel supervised; the supervisor will provide or secure consultation and/or safety training, and will enforce personnel compliance with established campus safety procedures.
3. Department chairmen, or equivalent officers, shall be responsible for departmental observance of campus health and safety regulations, in cooperation with EH&S.

Are you fulfilling your responsibility with respect to health and safety? Are you aware of the campus EH&S program? Can the Office of Environmental Health and Safety assist you?

Frank Gohr, Dr. P. H.
Office of Environmental Health and Safety

Blowing Glass for Science

The UCSF campus is fortunate to have a glassblower who is a true craftsman. Mr. Russ Ritschman, whose laboratory is housed in the basement of UC Hospital has completed over 5900 jobs during the 15 years he has been employed at UCSF. A medical center, such as UCSF, requires a complex array of glassware in research development and clinical laboratories. New experiments and therapeutic techniques often call for design and manufacture of innovative equipment. Also, there are numerous very expensive articles that can be mended instead of being replaced or discarded.

"Though glassblowing has been traditionally a family craft, I got into the work by accident," said Mr. Ritschman. "An uncle of mine had discovered a costly error in the blueprints of one of his customers. The customer, eager to return the favor, gave me an apprenticeship in his glass shop. For a high school student during the Depression who was looking for any kind of job, this was a real opportunity. I started to work in the packing and shipping department in the basement of the factory, and then became an apprentice, learning the various phases of working with glass." A glassblower must be knowledgeable in machine shop practices and major chemical processes such as chromatography, extraction, evaporation, and distillation to make constructive suggestions in the designing of new and special apparatus. "Cost can be cut considerably by evaluating sketches and suggesting modification to produce the most efficient piece of work," said Mr. Ritschman.

Mr. Ritschman employs the European method, actually blowing the glass with his mouth, instead of the American method which utilizes cross-fire equipment. The techniques used at the Glassblowing Laboratory differ completely from those used in industry where emphasis is on mechanized equipment to mass produce such things as standard size flasks and test tubes.

Mr. Ritschman also does work for other hospitals, including Presbyterian, Mount Zion, Veterans Administration, and San Francisco General Hospitals. He has been called upon to make such complex apparatus as oxygenator chambers, atomizers, vacuum systems, silver electrodes, and lacrimal tubes (artificial tear ducts).

Artificial tear ducts are devices that the layman rarely knows or hears about. Seven or eight years ago, a surgeon consulted Mr. Ritschman with plans for the ducts. They were made and sent up to the operating room where they were implanted in the patient. "After the operation the surgeon came to thank me and to say the ducts worked perfectly. About twice a year I make up a batch for the Eye Clinic. Since each person has tear ducts of varying length, these basic pieces have to be modified to fit the specifications for each patient." Private doctors in San Francisco also order these artificial tear ducts from Mr. Ritschman.

"Not many people pursue this craft today, probably because of the intense interest and patience it requires," said Mr. Ritschman. "Working to fashion and shape glass doesn't appeal to many people," he surmised.

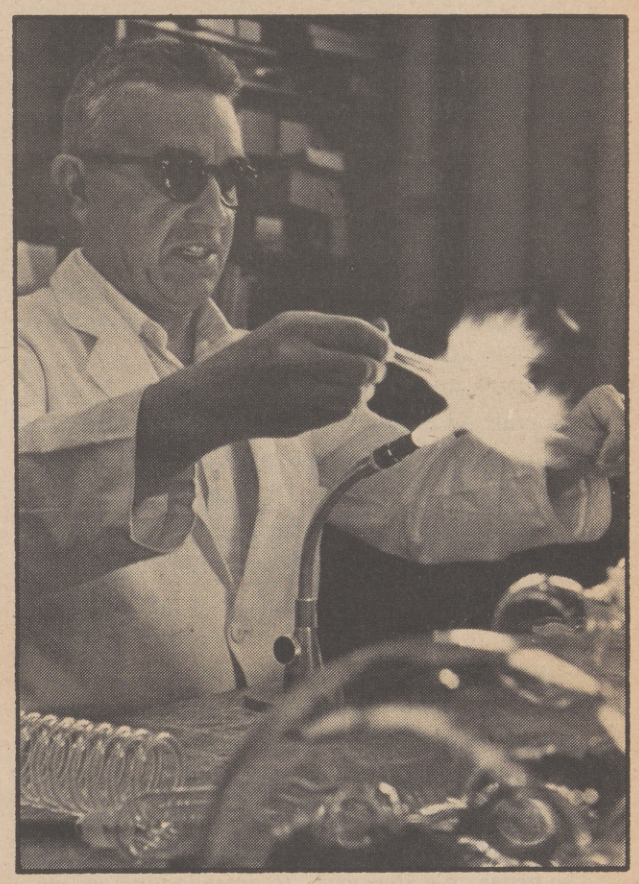
As a hobby, Mr. Ritschman enjoys his amateur radio equipment, and has had his license for twenty-nine years. He and his wife, Kathryn, live in Menlo Park.

Michael Douglas

photos by Tom Walters



The glassblower holds two glass tear ducts in his hand and other small pieces of intricate design are nearby.





A flame that burns from blue to orange hisses out to lick around the glass tubing and Mr. Ritschman pulls, turns, blows, and pulls again to shape the glass into a new form.



Dr. Sanchez Wins Fellowship

David Sanchez, Jr., Ph.D., UCSF Assistant Professor of Ambulatory and Community Medicine at San Francisco General Hospital, is one of six recipients of the Robert Wood Johnson Health Policy Fellowships for a year's study and Congressional working assignments in Washington, D.C.

Recipients were chosen on a competitive basis from among 43 nominations submitted by nationwide academic health science centers and medical schools.

A native San Franciscan, Dr. Sanchez, 35, has been a member of the San Francisco Board of Education since 1969 and was its president in 1972-73. He will resign from the Board to begin his fellowship activities in September, but plans to return to San Francisco to resume his activities here.

The Robert Wood Johnson Fellowship program was established by the National Academy of Sciences' Institute of Medicine and is conducted in cooperation with the American Political Science Association. Dr. Sanchez is among the first group to receive the award.

The program is designed "to provide outstanding mid-career health professionals working in academic settings with a better understanding of major issues in health policy, and a knowledge of how federal health programs are established.

The fellowship program will begin with two months of orientation sessions at the Institute of Medicine with federal agencies and other health organizations. This phase will emphasize processes of the Executive Branch. Nine months of work in the offices of Senators and Congressional representatives will follow. Periodic seminars will help keep the group abreast of emerging health policy issues.

Dr. Sanchez received his Ph.D. from Berkeley in 1969. He served as a special consultant to the Assistant Secretary of Health, Education and Welfare from 1969-71, as a special consultant to the U.S. Senate Commission on Equal Educational Opportunity in 1970, and as a special consultant to the 1970 White House Conference on Children.

He was instrumental in obtaining funding from the Office of Education to create the Latino Assessment Center, which is located in the SFGH Division of Outpatient and Community Services. This bilingual program involves UCSF, the Hospital, the Department of Public Health, the Unified School District, San Francisco City College, and Mission neighborhood organizations in a program of testing, screening, and health services for Spanish-speaking school children.

He is also the principal investigator for the Student Pilot Program of the Urban Health Program, SFGH Division of Ambulatory and Community Medicine. This program provides on-the-job training in health related fields for students from the seven poverty target areas of San Francisco which include the City's major minority groups.

Dr. Sanchez and his wife, Barbara Marie, who holds a Bachelor of Science degree from the UC Berkeley School of Criminology, live in the Mission District with their children Francisco, 5, Juan, 4, and Laurie, five months.

Affirmative Action at UCSF

The background, organization, goals and priorities of the UCSF Affirmative Action Program are described in this article. Progress of the program and problems to be surmounted will be discussed next month in UCSF NEWS.

The UCSF Affirmative Action Office hopes to "work itself out of a job by 1977." It intends to accomplish this through a "five-year plan," begun in July 1972, to build permanent equal opportunity programs into the regular day by day operations of the campus.

Because State universities share in federal funding, they were specifically prohibited in the historic Civil Rights Act of 1964 from "discrimination because of race, color, religion, sex, or national origin." However, an aggressive effort to recruit, promote and upgrade minorities and women did not take hold at UCSF until 1968 when the Black Caucus was formed immediately following the death of Dr. Martin Luther King, Jr.

As a direct result of involvement by the Black Caucus and Black Student Union, two important changes in campus policy were made. First, each school and program in health sciences committed itself to a minority student goal of 25 percent of its entering freshman class. Second, all hiring activities were centralized in the Personnel Office.

The first of these policies has had especially encouraging results. As of September 1973, the Medical School had 117 minorities out of a total enrollment of 562, or more than any of the other five medical schools in the UC system. Nationwide, UCSF ranks third among medical schools in terms of minority students enrolled. (Only Howard and Meharry Universities have a higher percentage.) Also, the Affirmative Action Office believes this campus may lead the nation in percentage of minorities enrolled in the overall health sciences program.

It is hoped that as they graduate, these students will help to form a larger pool of candidates for faculty and administrative positions in the medical school and health sciences program, where the percentage of minorities is trailing other institutions. (The Medical School has only 12 minority group members in tenured faculty positions and two minorities in non-clerical administrative positions.

The second campus policy initiated in 1968—the centralization of hiring activity in the Personnel Office—has been helpful in widening employment opportunities at UCSF. Under the former system, applicants often would be seen first in the department where the vacancy occurred. Only after a candidate had been selected by the department head was he or she sent to the Personnel Office to complete the necessary paperwork before being hired.

This kind of procedure was reversed by action of the Chancellor requiring that all job orders be sent to the Personnel Office prior to hiring. The Personnel Office was to use every appropriate means of advertising the job on and off campus. After as many qualified applicants as possible had been recruited, they were to be interviewed by Personnel before the department made its final selection.

The two policies adopted in 1968 have modified the character of the campus by fostering better representation of various ethnic groups among students and employees, and by opening new job opportunities for women.

Over the past ten years, amendments to the Civil Rights Act and other legislation have strengthened the spirit as well as the letter of the law. The neutral term, "equal opportunity" has been augmented by a positive one, "affirmative action"—the latter implying active commitment to the achievement of equal opportunity. The Equal Opportunity Office, established on this and other U.C. campuses in 1968, was replaced in 1972 by an Affirmative Action Office, which was given the responsibility for implementing and monitoring the Affirmative Action Program.

In his Affirmative Action policy statement of January 1973, Charles Hitch, President of the University of California, called for a written affirmative action personnel program for each campus and laboratory and declared that positive efforts to further these programs "must be vigorously pursued, specific in identifying areas of under-utilization, and in prescribing corrective measures."

The UCSF Affirmative Action Office is directly responsible to Chancellor Francis A. Sooy. It is the only one in the U.C. system to be headed by a minority woman and one of two U.C. campus Affirmative Action Offices headed by a minority. The appointment of Joanne Lewis in July, 1972, as Affirmative Action Officer was a well-earned result of her many years as a campus leader on behalf of equal opportunity. As a founder and Chairperson of the UCSF Black Caucus, she was a leader in obtaining the policy changes of 1968, and has worked consistently in the development of a viable Affirmative Action Program for this campus. For eight years before accepting her present position, she was a staff officer for the Dean's Office, School of Medicine, at San Francisco General Hospital.

Other members of the Affirmative Action Office staff are Rachel Bernstein and Claudette Pipkins, Compliance Officers, and James Louie, Construction Compliance Officer. An administrative assistant soon will be added to the staff.

The campus has been divided into eight Affirmative Action units, with ultimate responsibility for implementing the program placed at the top levels of administration. These units are headed by the Chancellor; the Vice-Chancellors of Administration, Personnel and Student Services; the Deans of the Schools of Medicine, Nursing, Pharmacy and Dentistry; and the Director of Hospitals and Clinics.

Within each unit, Departmental Affirmative Action committees, representing staff employees (and faculty and students where appropriate) have been formed to serve in an advisory capacity to the department head. The functions of these committees include becoming familiar with the written Affirmative Action Program—a 139-page manual issued by the Affirmative Action Office; reviewing progress of each department's Affirmative Action program; submitting

recommendations for action to the department head; serving as a source of information to colleagues in the department, and assisting them in using existing channels for correcting inequities.

Some of the responsibilities of the Affirmative Action Office are: monitoring employment practices as well as purchasing and construction programs and programs to encourage minority vendors; and reviewing student admissions and enrollment in terms of Affirmative Action. The office serves as liaison between the campus and various agencies and community organizations concerned with equal opportunity.

An immediate project of the Affirmative Action Office is the completion of a comprehensive analysis of the campus work force from additional information supplied by the departments. The information being gathered will help to identify instances in which members of minority groups or women are assigned to positions below their capabilities or dead-ended in low-level positions, and will identify many other matters of concern.

Profiles are being compiled for each of the 156 departments showing what positions are now filled and at what levels by minorities and women. These profiles are being reviewed against U.S. Census data for this area giving availability information on minorities and women in various occupational categories.

A mathematical formula has been applied against the overall campus statistics to determine the degree of disparity or underutilization for particular minorities or women in each occupational category. Minorities are defined as Black/Negro; Mexican/Spanish American; Asian/Oriental; and Native American/American Indian.

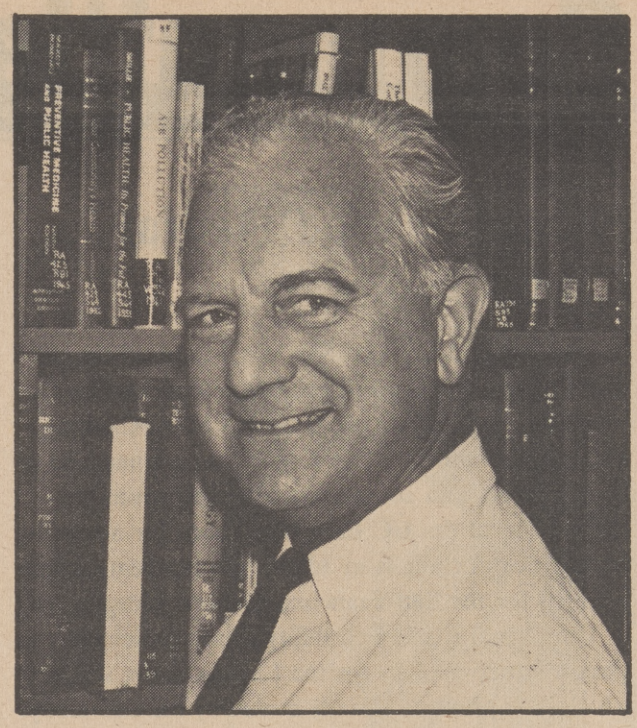
As the department profiles are completed, the Compliance Officers are interviewing each department head to review the findings and to assist in the establishment of specific objectives, goals, and timetables for developing an effective plan of action program for each department. It is expected that these interviews will be completed by July 1.

It must be emphasized that while goals are required to further the Affirmative Action Program, quotas are not required or permitted. The written Affirmative Action Program states that "good faith and genuine effort are the true measures of compliance."

The Affirmative Action Officer, Joanne Lewis, adds: "As we meet with the departments we hope they will share with us some of their problems and frustrations, as we share with them information and guidelines that will help the campus achieve our objectives."

Claire Wray

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Dr. J. Ralph Audy, Director of the George W. Hooper Foundation at UCSF, was an international authority on tropical diseases. His interest in recent years broadened to the problems of Man and his environment.

Dr. Audy Suffers Fatal Heart Attack

Dr. J. Ralph Audy, Director of the George W. Hooper Foundation at UCSF, suffered a fatal heart attack on March 26, 1974. His death at the age of 59 ended a career in the health sciences that began thirty-five years ago in London, England.

During the memorial service for Dr. Audy, his colleague Dr. John B. de C. M. Saunders, poignantly summarized the sorrow felt by so many. He quoted Hippocrates as translated by Geoffrey Chaucer. . . . "The life so short, the craft so long to learn . . ."

A specialist of international reputation in tropical diseases, Dr. Audy began his medical career as a surgeon. He was a graduate of the University of London, Guy's Hospital.

During World War II, service with the Royal Army Medical Corps took him to Africa where he was in charge of the Berbera Hospital and later was evacuated to Uganda General Hospital in Kenya. From 1941 to 1943 he developed the Field Ambulance Training School for medical assistants and was Chief of Burao Hospital in Somaliland.

It was during his wartime military service that Dr. Audy gained extensive experience in the treatment and control of malaria and scrub-typhus. After leaving military service he headed the Colonial Office Scrub-typhus Research Unit in Malaysia, and the new Division of Medical Zoology and Virus Research in the Institute for Medical Research in Kuala Lumpur, Malaya. During 1950-1953 he led three medical research expeditions into North Borneo.

Dr. Audy was appointed Director of the George W. Hooper Foundation at UCSF in 1959 and during the years that followed he introduced new perspectives to the research and health care activities of this international foundation whose programs are concerned with health problems that affect large numbers of people. Under his direction, the International Center for Medical Research, based jointly at UCSF and the Institute for Medical Research in Kuala Lumpur, became the most outstanding and respected of these programs which exist at several other universities. The ICMR program associated with the Hooper Foundation integrates studies in community health, human genetics, infectious diseases, parasitology, and tropical medicine.

Chancellor Francis A. Sooy, speaking at the memorial service, noted that Dr. Audy . . . "added a new dimension broadly conceived involving the ecological position of man in health and disease, but international in scope, for he saw that swift communication posed a universal threat to health."

"Under his direction," said Dr. Sooy, "the epidemiological work, for which his institute is famous, was expanded to seek biological control of the great universal diseases, such as malaria and bilharzia, which still threaten countless millions."

Dr. Audy's death came just days before a cherished sabbatical was to begin that would allow him time to write and to teach courses at Berkeley in Medical Geography and Nutrition. He anticipated completing his books entitled "The Anatomy of Loneliness" and, another, "The Ecology of Tropical Health." He planned also to draft a textbook on medical ecology. Research on societal health and a study on comparative brain anatomy and behavior was to be accelerated.

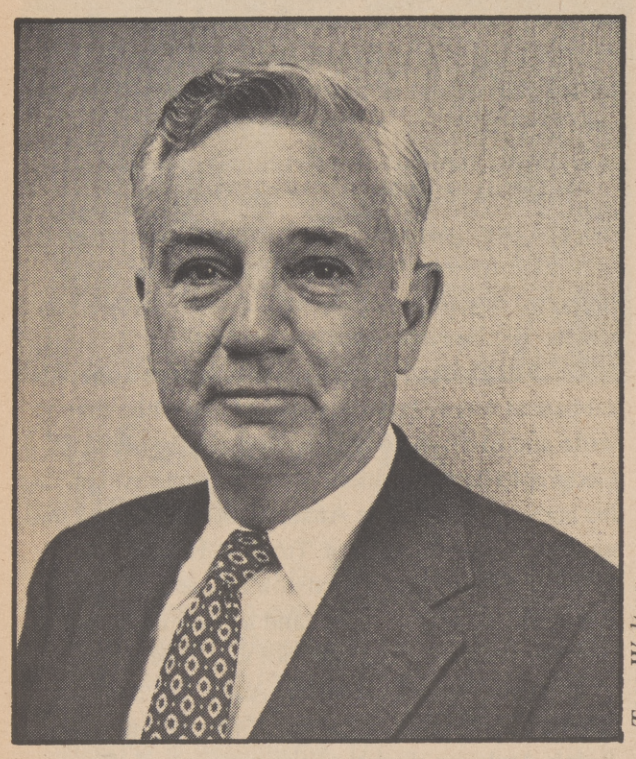
In closing his tribute to Dr. Audy, Dr. Saunders related . . . "In one of the last conversations with Ralph Audy we discussed the question of the individual, the quality of the individual and individualism. He sent me a copy of a recent paper of his upon the subject in which we again read, 'We fight death with ever increasing scientific competence, but with remarkably little concern for the quality of the life we attempt to preserve.' Thus appeared a pioneer expanding medical conceptions, enlarging our outlook to the inner dignity of Man, influencing and being influenced by both the social and physical environment, as a new direction in the teaching and exploration of the public health."

In addition to being Director of the Hooper Foundation, Dr. Audy was Chairman of the Department of International Health and Human Ecology (School of Medicine). He held appointments at UC Davis (Professor of Epidemiology and Preventive Medicine) and as a faculty member in the School of Public Health, Berkeley, and the School of Pharmacy at UCSF.

Dr. Audy's continuing development as an international scientist was marked by a deep concern about Man's effect upon his environment and the dynamics of disease from an ecological perspective. He always emphasized the difference between environmental and ecological. In his paper . . . "Man-Made Maladies and Medicine," he states: "Too often the well-meant attempts of even well-informed people to diagnose, treat, prevent, control and eradicate diseases do not work; at worst they replace one trouble with another or actually aggravate the situation. Man has often brought serious diseases and epidemics upon himself by his behavior."

The great concern which Dr. Audy had for the future is expressed in the chapter he contributed to the volume, "Teilhard de Chardin: In Quest of the Perfection of Man." His closing remarks are: "Perhaps there is only one secret to the future, that it always belongs to the young who grow into it. Therefore, man's prime concern should be to those basic things, genuine love and personal attention among them, that improve the quality of the individual; improve the quality of the child who will later become the adult."

Memo



Tom Walters

I am happy to report that the Department of Defense has authorized the Navy to negotiate with the University to lease two biomedical laboratory buildings at Hunters Point. These buildings make up the finest animal facility on the West Coast and will require no significant changes for use by the UCSF campus Animal Care Facility.

We are greatly indebted to many people for their perserverance in seeing this effort through, particularly Dr. Joseph Spinelli and Mr. Robert LaPointe. We are also very grateful for the support received from SPEAK and other members of the community, whom I feel were instrumental in finally obtaining approval to negotiate a lease.

The acquisition of the Hunters Point facility not only saves taxpayers the cost of new structures and provides needed jobs in the Hunters Point area, it also eliminates the need to construct additional facilities on top of Mount Sutro.

Our next objective is to complete reconstruction of our present on-campus animal facilities and to obtain a suitable location for a rural animal station. The establishment of a rural animal facility will enable us to remove all animals from the top of Mount Sutro. We are continuing these efforts and are delighted this first step has been achieved.

Francis A. Sooy, M.D., Chancellor

Communities

Neighborhood Dental Clinic Plans

A proposal to locate a UCSF Dental Clinic at the UC Extension campus in San Francisco (operated by the Berkeley campus) was made April 4 to the Campus Planning Committee. This Committee is composed of both campus and community representatives. Conversion of the UC Extension space for a community dental clinic is in addition to the dental clinic planned for the San Francisco General Hospital.

The Dental Clinic Feasibility Study presented three alternative plans for the Laguna Street site, which is on property already owned by the University. Chancellor A. H. Bowker, UC Berkeley, has offered to the UCSF Dental School the alternatives of space in Woods Hall, Woods Hall Annex, or the vacant land at the Southwest corner of the Laguna Street campus. The Extension campus is bounded by Laguna, Haight, Buchanan, and Hermann Streets.

The State Legislature has recommended that off-campus dental education facilities should be located in areas of San Francisco where there is a need for dental services.

Factors considered in planning for this new community dental clinic include: community image; long-term operating and maintenance costs; cost of construction, and the necessity (and attending costs) to move functions now performed in other locations.

Two of the plans presented to the Campus Planning Committee are based on utilizing existing structures, with the addition of a new wing. After considering costs to bring the older structures up to seismic code requirements (specifications for the new building include seismic requirements) the new structure on the Southwest corner of Laguna and Hermann scores highest on the basis of a 30 to 40 year operational program. It also ranks high in terms of image, function, maintenance, and overall value. This site was approved by the Page-Laguna Neighborhood Association.

Dr. Ben Pavone, Dean of the School of Dentistry at UCSF, supports the possibility of locating these two extended facilities for the teaching program at UCSF. He believes that such activities provide unique teaching advantages. Commenting on the Laguna Street structure, Dr. Pavone noted that . . . "a modular building to be erected on the vacant Southwest corner of the Laguna Street Extension campus, will permit quality care for the adjoining neighborhood and will provide the best type of teaching situation. The new structure can be designed to allow the highest quality of patient care, academic supervision, staff support, and efficiency in the operation of the clinic."

"Programs for preventive dentistry and health education directed toward the community will be conducted in the clinics. A community-oriented emergency service will also be provided," said Dean Pavone.

Community representative, Mr. Hervey Luster, who was a guest at the Planning Committee, is very enthusiastic about the plans for a dental community in the high density population area which will be served by a clinic at the Extension campus.

Mr. Luster, President of the Page-Laguna Neighborhood Association remarked that . . . "Our neighborhood Association wholeheartedly supports the UC dental clinic in this community where it is urgently needed. I personally believe that one of our long dreams in the Western Addition is about to come true."

Both the Laguna Extension and the San Francisco General Hospital dental clinics will be funded by the Health Services Bond Issue which was approved by California voters in 1972. The programs await budgetary action by Governor Reagan and the State Legislature.

Progress on the Park

Progress is being made toward realization of the "Mini Park" that is to occupy the corner of Third Avenue and Parnassus. Consulting Landscape Architect, Mr. Robert Royston, presented schematic sketches and preliminary cost estimates to the Campus Planning Committee. Trees, a terrace, and sculpture are included in the sketches.

Formerly occupied by a six-story building . . . 610 Parnassus . . . this recently cleared property will provide additional open space within the UCSF campus complex. Bisected by a pathway, the park will be planted with lawn, shrubs, and trees.

Provision for the Child Care Center is included in the planning for the "mini park." The Center will be located at the lower level of the hillside lot, with the play area designed for the middle portion of the land parcel. The terrace and benches will be within the triangle formed by the corner. The design preserves the view of the Golden Gate and Marin Hills.

Grading, planting, and installing the terrace and planters is expected to begin this summer, with completion scheduled for early Fall.

The San Francisco firm of Royston, Hanamoto, Beck, and Abey prepared the landscape design.

NEEDED!

Knitting needles and crochet hooks—all sizes, yarn of all colors, wool, acrylic, cotton, or linen.

The Volunteers Service never has enough needles or yarn to go around for patients who like to learn or renew the habit of knitting or crocheting.

If you can provide needles or yarn, call extension 1196 or leave them at Room 1196 Moffitt Hospital.

Parents Group Helps Students

ENTERPRISE is a volunteer organization that interviews, counsels, and places high school students in jobs that range from baby sitting and household help, to office work and assistance in more technical professions. Members of ENTERPRISE are making an appeal to hospitals, clinical laboratories, physicians, dentists, pharmacists, and others in the health sciences to give students work this summer.

Leading the drive for jobs is Mrs. Gladys Thatcher, President of ENTERPRISE.

"We have a number of students with great motivation and aptitude who are eager to know before college what the health care services offer," Mrs. Thatcher said. "It is helpful for them to gain experience and to learn the demands of a profession or career they may be considering."

ENTERPRISE was formed in 1968 and incorporated in 1971 by parents of students in both public and private schools. One hundred parents serve on ten committees, one of which is the Job Recruitment Committee. It is anticipated that jobs will be processed for 1200 students from San Francisco and other parts of the Bay Area this year.

The Training Committee has had the cooperation of the Department of Social Service and the Visiting Nurse's Association in San Francisco to teach students to work with elderly people and corporations have cooperated to introduce students to career possibilities.

Although most students need a stipend, some are able to volunteer for jobs.

For further information, call ENTERPRISE at 668-7197.

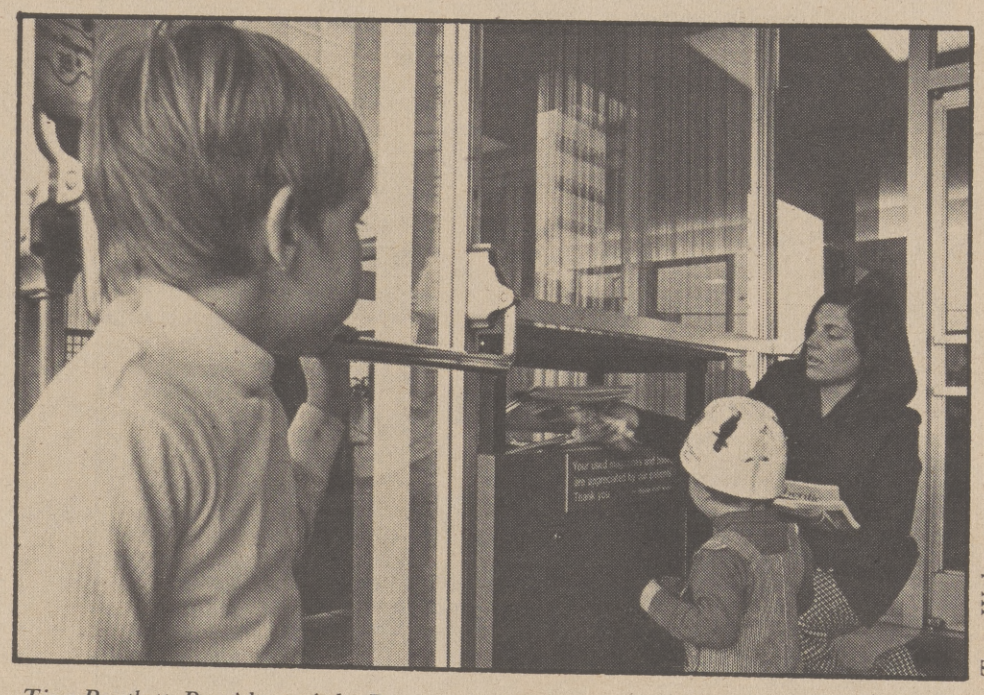
Cancer Film Offered

The American Cancer Society has introduced a new professional education film entitled, "Emotional Reactions to Cancer in Clinical Practice," which is now available to physicians, nurses, and members of the medical community.

The film presents conversations between patients and physicians about the patient's illness, treatment plans, pain, possible disfigurement, and social adjustment.

Practicing physicians discuss the value of sharing information and feelings with patients and their families.

The 16mm, 26-minute color film is available through the San Francisco Unit, American Cancer Society, on a loan basis. The address is 1550 Pacific Avenue, San Francisco. Physicians are invited to call 673-7979.



Tom Walters

Tina Bartlett, President of the Doctors' Wives, demonstrates how easy it is to leave books and magazines at the entrance to Moffitt Hospital. Her two young sons helped her.

Wanted–Your Books and Magazines

Two special containers located just inside the main entrances to Moffitt and U.C. Hospitals are making it more convenient to donate books and magazines to the Volunteer Services.

The attractive "book boxes," custom-made for this purpose and placed so that they will be easily accessible from Parnassus Avenue, were a gift of the U.C. Doctors' Wives' Association, whose members are the wives of UCSF interns, residents, and fellows.

The Doctors' Wives raised the money for the book boxes through a garage sale and an art auction, according to Mrs. Philip (Tina) Bartlett, President. "Now we need people to keep them filled with current magazines, paperback, and recent hardback books for our patients," she said.

Donated books are used to stock the cart which makes regular visits to all patient areas and the magazines are distributed to all hospital and clinic waiting areas used by patients and families. Betty Cunningham, Coordinator of Volunteer Services, asks that news magazines be very recent issues (no more than a month old) but adds that special interest magazines on travel, sports, homes and gardens, etc., are "timeless." Appropriate magazines in foreign languages are badly needed, and Spanish language magazines for children are much in demand.

William G. Gonzalez, Assistant Director, Hospitals and Clinics, who suggested this special project for the Doctors' Wives, feels confident that our people will feel it worthwhile to "recycle" their used books and magazines in this way that will bring so much pleasure to others.

Hospital Week Events

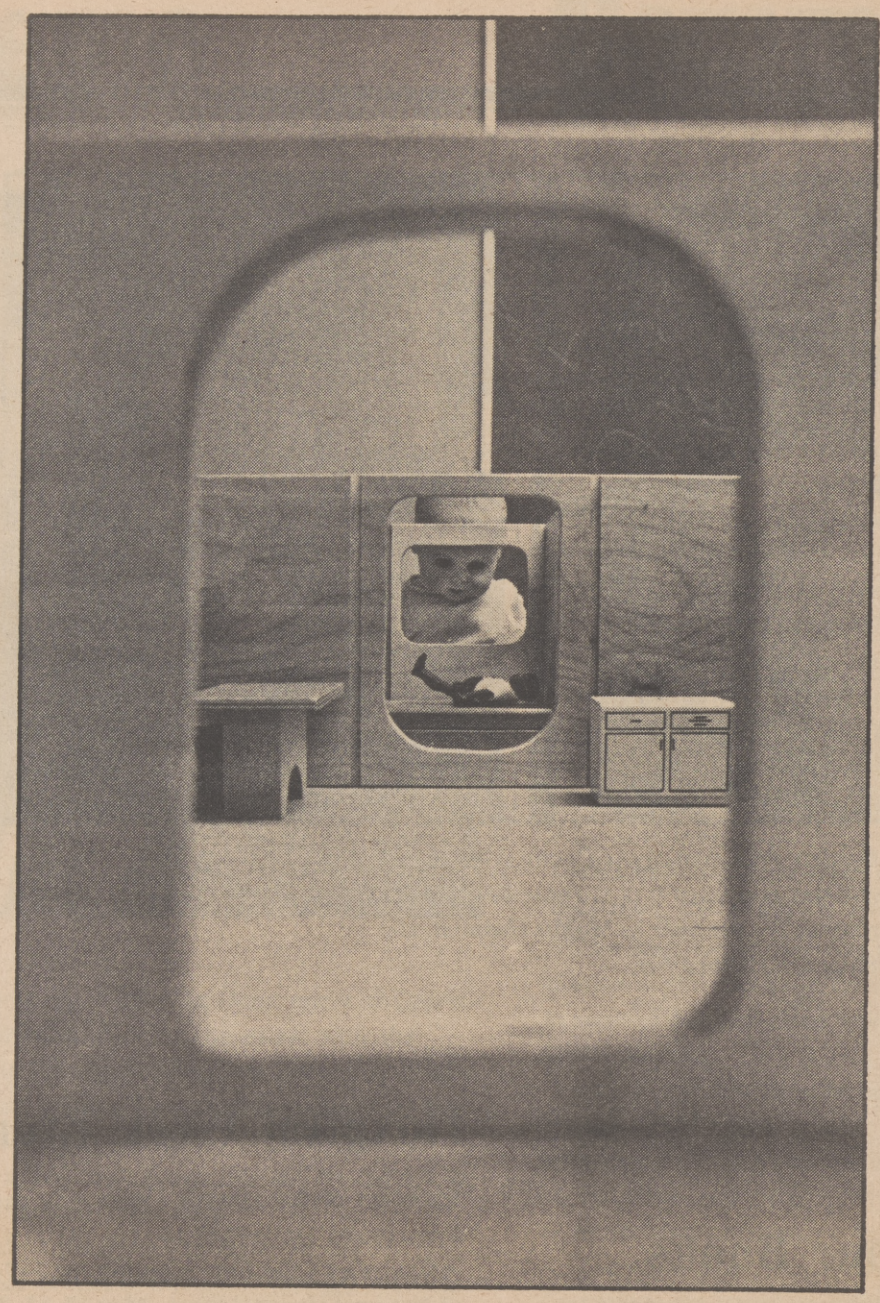
Members of the campus community and all San Franciscans are invited to visit the new UCSF Ambulatory Care Center during the 1974 observance of National Hospital Week, May 13-17. The event has the theme, "Get To Know Us Before You Need Us."

There will be displays, information booths, demonstrations, and audiovisual presentations on a wide variety of health care services. Much of this activity will be centered on the first floor of the Ambulatory Care Center. Some of the services to be featured are diagnostic radiology, inhalation therapy, poison control, and central nursing supply. There will be exhibits on research in such fields as hypertension and sickle cell anemia. The Bill of Rights For Patients will be the subject of a special display.

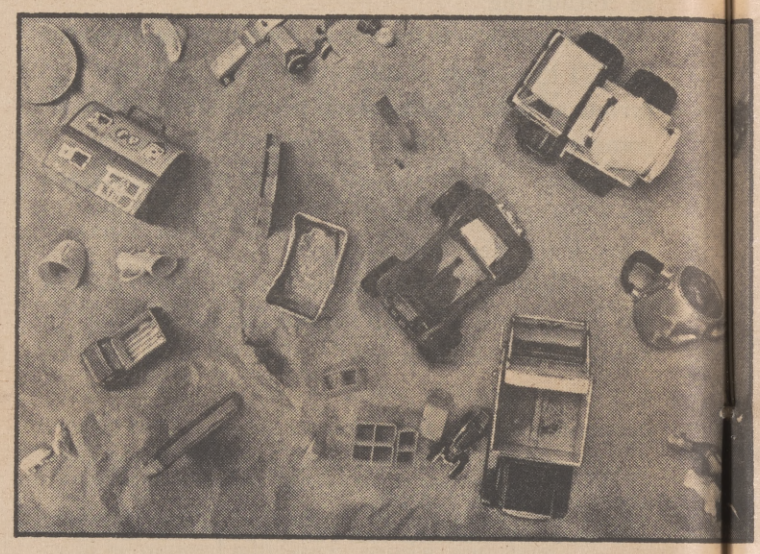
The UCSF Hospitals and Clinics are joining 7,000 hospitals throughout the nation in this fifty-fourth annual observance, which began in 1920 as a National Hospital Day on the 100th anniversary of the birth of Florence Nightingale.

CAL

Check the CAL classes, lectures, films, and special events that are open to everyone.

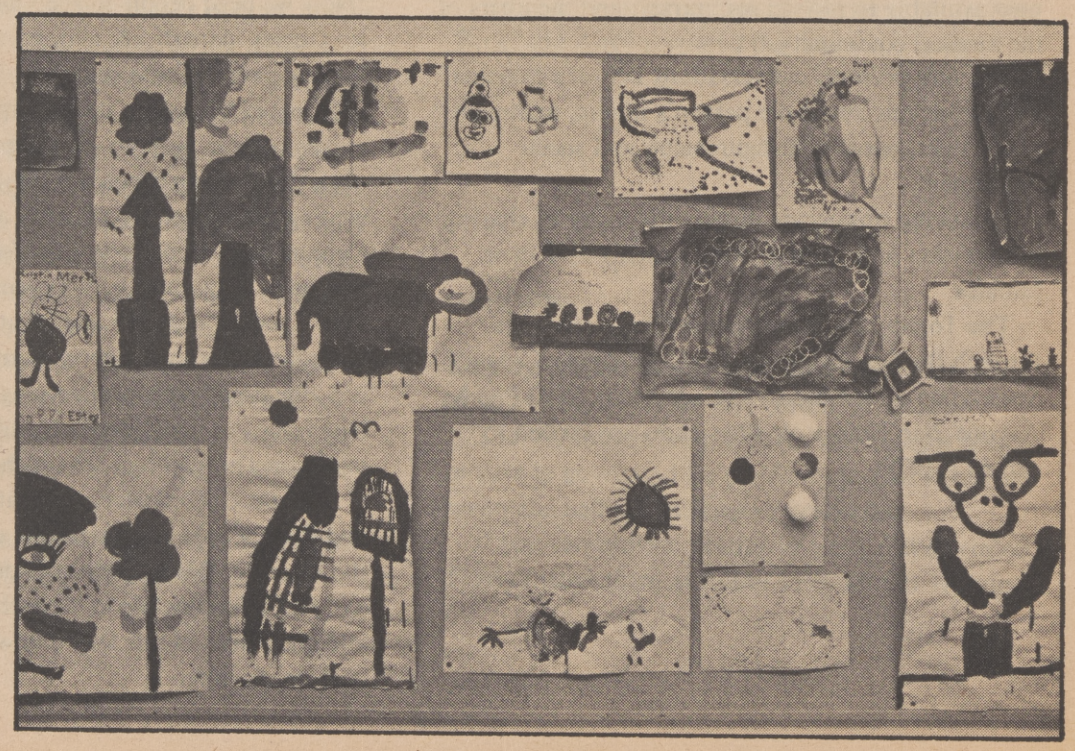


The doll house is one of the busier spots in the Playroom. Occasionally it is left just to the dolls.



In the sandbox are many treasures, some buried out of sight.

Paintings that reflect the interests and perceptions of the children who made them brighten the Playroom walls.



The PLAYROOM

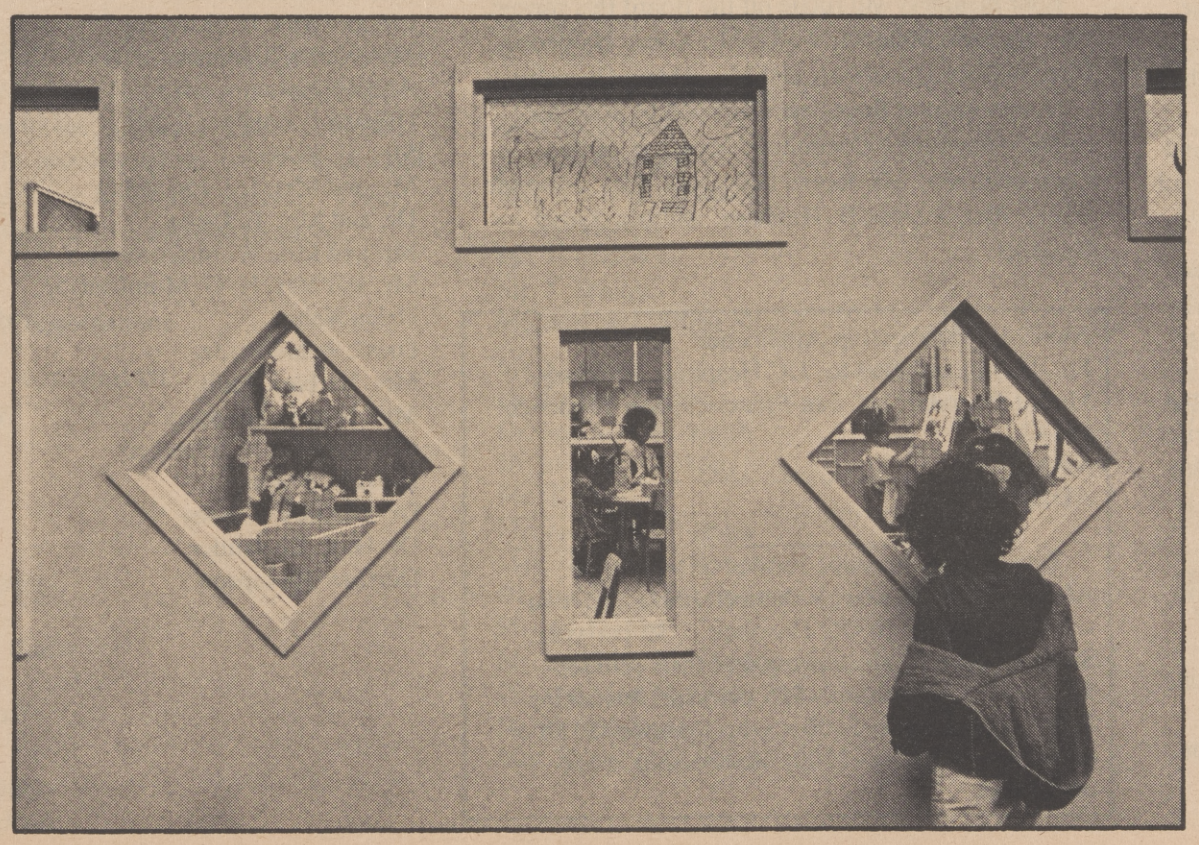


While a younger sister had her first check-up in the pediatric clinic, Marlin Cook napped . . . while his older sister and brother worked on a puzzle with Edna White and Kathy Wong (far left). Tammy Cook (left) is five and her brother, Lamons, is 4 years. They are the childern of Mr. Willie Cook, a member of the UCSF Housekeeping Department.

Music, happy voices . . . and occasionally . . . a little crying . . . are all part of the Playroom atmosphere in the new Ambulatory Care Center. Youngsters can be busy painting, drawing, playing games, working with clay, or meeting new friends while mothers and brothers or sisters are completing clinic appointments.

Supervisor of the Playroom is Emily Stone. Assisting with the children are Kathy Wong, a student at San Francisco State University and Edna White, a student at Balboa High School who wants to be a nurse.

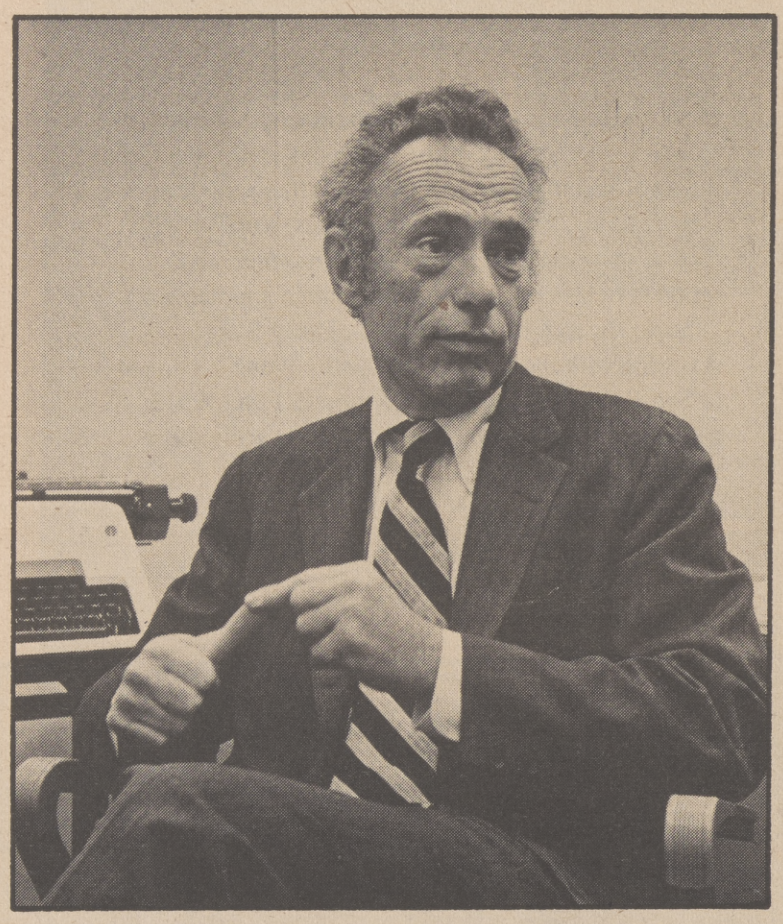




Some children prefer to stand in the corridor and watch others in the Playroom through windows before joining the busy children inside.

Photos by Tom Walters

Auxiliary



Tom Walters

David Perlman, Regents Professor of Human Biology at UCSF and Science Correspondent for the San Francisco Chronicle, will be guest speaker at the Auxiliary's Annual Meeting to be held in Millberry Union.

Auxiliary Board Members Annual Meeting

The UC Hospital Auxiliary will hold its Annual Meeting Wednesday, May 8 on the UCSF campus. Sherry at 11:30 will be followed by a noon luncheon in Millberry Union. Hospital Volunteers will be guests of the Auxiliary. Luncheon for members is $5.00.

Guest speaker at the Auxiliary luncheon will be Mr. David Perlman, Regents Professor of Human Biology at UCSF and Science Correspondent for the "San Francisco Chronicle." During the Winter Quarter, his seminars, entitled "Science, Health, and the Public Media" featured members of the print and electronic media. He will continue this series for the Spring Quarter and will also be available, himself, to students, faculty, and staff for individual consultation about specific writing projects.

Mr. Perlman received his Master's degree in journalism from Columbia University. He has been a reporter, foreign correspondent, and magazine writer for thirty years. His articles cover medical and health sciences, the physical sciences, space research, and environmental problems.

Following the luncheon meeting, Auxiliary members and their guests will tour the new Ambulatory Care Center which was recently dedicated. Chairperson for the Annual Meeting is Mrs. Edwin Boville.

For further information about the meeting and for reservations, call the Auxiliary Office, 666-4906.

Executive Board Nominations

During the absence of Kay Audy, President of UC Hospitals Auxiliary, Mrs. Florence Witter will chair Executive Board meetings. Mrs. Audy expects to return to San Francisco in June after visiting family and friends in England.

Four members will rotate off the Board this spring; they are Mrs. Malcolm Watts, Mr. Keene Haldeman, Mrs. William Hendricks, and Mrs. Harry Openshaw.

Names for new Board members will be accepted by the Nominating Committee. Members of this Committee are: Mr. Keene Haldeman, Mrs. Florence Witter, Mrs. Robert B. Hutchins, and Mr. Lloyd Graybiel.

Auxiliary Membership Application
Fill this out and mail to: UC Hospitals Auxiliary, Moffitt Hospital, UC San Francisco, San Francisco 94143.
NAME_____
ADDRESS_____

Type of membership: Active—$10 per year; Alumni—$10 per year; Volunteer (those active in volunteer service in UC Hospitals)—$2 per year; Student—open to all students and their spouses—$2 a year; Contributing—$25 per year; Sustaining—$50 a year; Patron—$100 a year; Sponsor—$150 or more per year; Life—$500. Membership is tax deductible.

A Wish for Continued Success

The Auxiliary's Executive Board members wish to extend to Mr. William "Bill" Gonzalez a warm expression of their gratitude for his help and cooperation. "Bill" Gonzalez, who is Assistant Hospital Administrator of UC and the Herbert C. Moffitt Hospitals, has been named Deputy Director, Administration for Capital District Psychiatric Center, Albany, New York.

Speaking for the Auxiliary membership, Kay Audy said: "We want him to know how appreciative we are of his talents. He has been a good friend of the Auxiliary and he will be greatly missed. We wish him continued success in his new appointment."

Mr. Gonzalez, his wife and two daughters will live in Delmar, near Albany.

Memorial Fund

In Memory of Dr. J. R. Audy Fund

Donor

Mrs. Fred Bloch
Mrs. W. A. Carroll
Mr. and Mrs. R. A. Cunningham
Miss Pat Doherty
Mr. and Mrs. C. J. Dunow
Mr. B. Eubanks
Mrs. Willard C. Fleming
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Doris L. Simon
Dr. and Mrs. F. Sooy
Dr. H. E. Thelander
Dorthea Thompson

To Our Friends, Thank You

Your gifts to the Hospitals Auxiliary are acknowledged here. They are warmly appreciated in whatever category they were made. (Gifts include those received February 1 through April 10, 1974.)

Donations to Meditation Room

Donor
Mildred Baird
Mr. Ezra Battat
Dr. and Mrs. H. G. Bell
Dr. and Mrs. John Callander
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Mrs. Babcock Smith
Mrs. W. M. Stanley
Mrs. Paul Steiner
Mrs. Ralph Sweet
Dr. E. Leong Way

The Musicale which was held last month at the Forest Hills Garden Club was one of the most successful events sponsored by the Auxiliary. The evening of music provided by members of the UCSF faculty and their wives was enjoyed by all who attended. Those making reservations for the evening included:

Musicale Benefit Reservations

Mr. and Mrs. F. H. Abbott III
Mrs. J. R. Audy
Mr. Azaden
Dr. Barbaccia
Mr. W. Barnes
Mr. P. Bovero
Dr. and Mrs. Bovill
Dr. J. Carbone
Dr. and Mrs. P. Carlat
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Mr. J. Carmichael
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Mr. John Clements
Mr. R. Cunningham
Mr. and Mrs. R. Derzon
Miss Pat Doherty
Dr. and Mrs. J. E. Dunphy
Mrs. H. Edelman
Dr. E. Engleman
Dr. R. Escamilla
Dr. Seymour Farber
Dr. Robert Fishman
Mr. W. Gonzalez
Mr. H. B. Gray
Mr. L. Graybiel
Dr. E. Green
Dr. G. Grodsky
Miss Martha Haber
C. Nelson Hackett
Dr. and Mrs. K. Haldeman
Mrs. C. H. Hume
Mr. Kai Hutchins
Mr. and Mrs. R. Hutchins
Dr. and Mrs. D. Hyneman
Dr. and Mrs. V. T. Inman
Mrs. F. Jergesen
Mr. G. Johnson
Mr. and Mrs. S. Kempner
Mr. W. Kerr
Dr. Felix Kolb
Mrs. J. Koshland
Dr. Julius Krevens
Dr. Jack Lange
Mrs. R. N. Lilienthal
Dr. and Mrs. E. Liska
Mrs. H. B. Fries
Dr. R. Froshman
Mr. and Mrs. G. M. Loeb
Mr. and Mrs. McCormick
Mr. and Mrs. J. McWilliams
Dr. Donald Macrae
Mr. C. Malan
Mr. H. Mann
Mrs. Virginia Meyer
Mrs. Richard Miller
Dr. H. Morelli
Irene Murphy
Dr. William Murry
Dr. and Mrs. P. Mustacchi
Dr. and Mrs. Ostwald
Mr. and Mrs. Eric Owyang
Mr. Dan Pae
Dr. and Mrs. N. Petrakis
Dr. David Price
Dr. Elizabeth Reed
Mrs. Madeleine Russell
Dr. R. Schmid
Mr. F. Shaneen
Mr. J. Shields
Mr. and Mrs. Edgar Sinton
Mr. C. Smith
Dr. Donald Smith
Dr. and Mrs. R. Smith
Dr. and Mrs. F. Sooy
Mr. T. Stamper
Mr. and Mrs. St. Regis
Mrs. Dorothea Thompson
Dr. and Mrs. G. Tomkins
Mr. Al Trobbe
Mr. and Mrs. C. Vittetoe
Dr. and Mrs. M. Watts
Dr. D. Werdegar
Mrs. Florence C. Witter

Drug Dependence Study

A $2.1 million three-year federal grant has been awarded to the University of California San Francisco for a multi-disciplinary clinical study of drug dependence.

Dr. Reese T. Jones, a psychiatrist in the UCSF Langley Porter Neuropsychiatric Institute, is the principal investigator for the new Clinical Research Center, one of three in the United States being funded by the President's Special Action Office for Drug Abuse Prevention. The other centers are at Harvard Medical School, Boston, and Washington University, St. Louis.

With the cooperation of Dr. Francis J. Curry, Director, San Francisco Department of Public Health, clinical research and treatment facilities for the project will be centered at the Drug Detoxification Unit of San Francisco General Hospital and the City's Methadone Maintenance facilities, together with the Langley Porter Institute Clinical Research Unit at UCSF.

Goals of the research are (1) Better understanding of drug dependence and its behavioral and biological effects; and (2) Clinical evaluation of new pharmacological agents for treatment of drug dependence. It is hoped that the studies may bring about improved methods of detoxification as well as treatment methods superior to the present methadone maintenance of addicts.

Dr. Charles F. Becker, of the UCSF Department of Medicine, the Director of the Alcohol Detoxification Unit, and head of the Division of Clinical Pharmacology at San Francisco General Hospital, has been actively working in these areas of research. He has been named a co-investigator of the project. Dr. Robert Roe is Director of the Drug Detoxification Unit and will also participate in the study.

Dr. William Hargreaves of the Department of Psychiatry has also been active in clinical trials of methadone and related drugs. He will be a co-investigator with Dr. E. Leong Way, Chairman of the Department of Pharmacology, and Dr. Horace Loh, Research Associate at UCSF, who have been conducting animal drug dependence studies at Langley Porter Institute; Dr. Irwin Feinberg, of the Department of Psychiatry, whose sleep research laboratory is located at Fort Miley Veterans' Administration Hospital; Dr. Walter Way, of the Department of Anesthesiology; Dr. David Levine, Director of the Methadone Maintenance Program; and Dr. J. Arthur Weinberg, Director of the Methadone Clinic at San Francisco General Hospital.

The 12-bed Drug Detoxification Unit at SFGH, which opened in December 1971 was the first of its kind in the West in a controlled hospital setting, treating the social and psychiatric as well as the medical aspects of addiction.

Claire Wray

Hospitals and Clinics: Synergy

Dedication of Ambulatory Care Center

"In a larger sense, this building has already been dedicated to the highest quality of health care for all," said Caspar W. Weinberger, Secretary of Health, Education and Welfare, keynote speaker at the dedication program for the handsome UCSF Ambulatory Care Center.

The new facility, he emphasized, will provide "imaginative methods of health care delivery, advantages in health manpower training, and a diversity of options for health care"—hopeful trends that can help to curb the rising costs of medical care.

Serving over 160,000 outpatient visits annually, this new health care resource for Northern California brings together some 50 individual services encompassing nearly all specialties of medicine. It was constructed with the approval of the Department of Health, Education and Welfare which provided $7,000,000 in partial financing. The balance of funding—approximately $10,000,000—came from the State of California.

Secretary Weinberger, a native San Franciscan, opened his remarks by recalling his days as a student at nearby Polytechnic High School. "The only clock I could see from my eighth period Latin class was the one on the tower of the old Affiliated Colleges (the old Medical School building)," he said. The HEW Secretary concluded his address with a discussion of the goals of the Administration's proposal for a National Health Insurance program.

FRANCIS J. CURRY, M.D., Director, San Francisco Department of Public Health (representing Mayor Joseph L. Alioto at the dedication):

"A few years ago, physicians began to realize that many patients were seeking medical care only when illness made it impossible for them to function. They were entering the health care delivery system later and being hospitalized longer, with a higher rate of morbidity and mortality than need be."

"We learned that when out-of-hospital services are made more accessible and acceptable, the need for hospitalization diminishes."

"Acceptability is the key word," the Health Director emphasized. "In the past, most outpatient clinics were designed for the convenience of the staff; it almost seemed as if they were planned to deter patients." The new Ambulatory Care Center, Dr. Curry pointed out, is designed not only to be physically pleasant and attractive, "it offers a variety of health care modalities—a wise investment since there is no one way to deliver medical service that will satisfy everyone."

He offered congratulations to the faculty "for bringing this very important new service to the City."

FRANCIS A. SOOY, M.D., Chancellor, University of California, San Francisco:

With the following tribute, Chancellor Sooy unveiled the portrait of William E. Carter, M.D. (1882-1965), which hangs in the lobby of the Ambulatory Care Center:

"He is remembered by his colleagues for his contributions to medicine in writing, teaching, and patient care. Before he died, however, Dr. Carter saw to it that something more was left for those who would follow—a living memory of the good things in life—anecdotes about himself and others at the University. In 1964, he received an Honorary Doctor of Law degree from the University, in recognition of his monumental work in the fields of medicine, pediatrics, outpatient services, and in the gathering of scores of historical manuscripts, photographs, and rare memorabilia of UCSF's history."

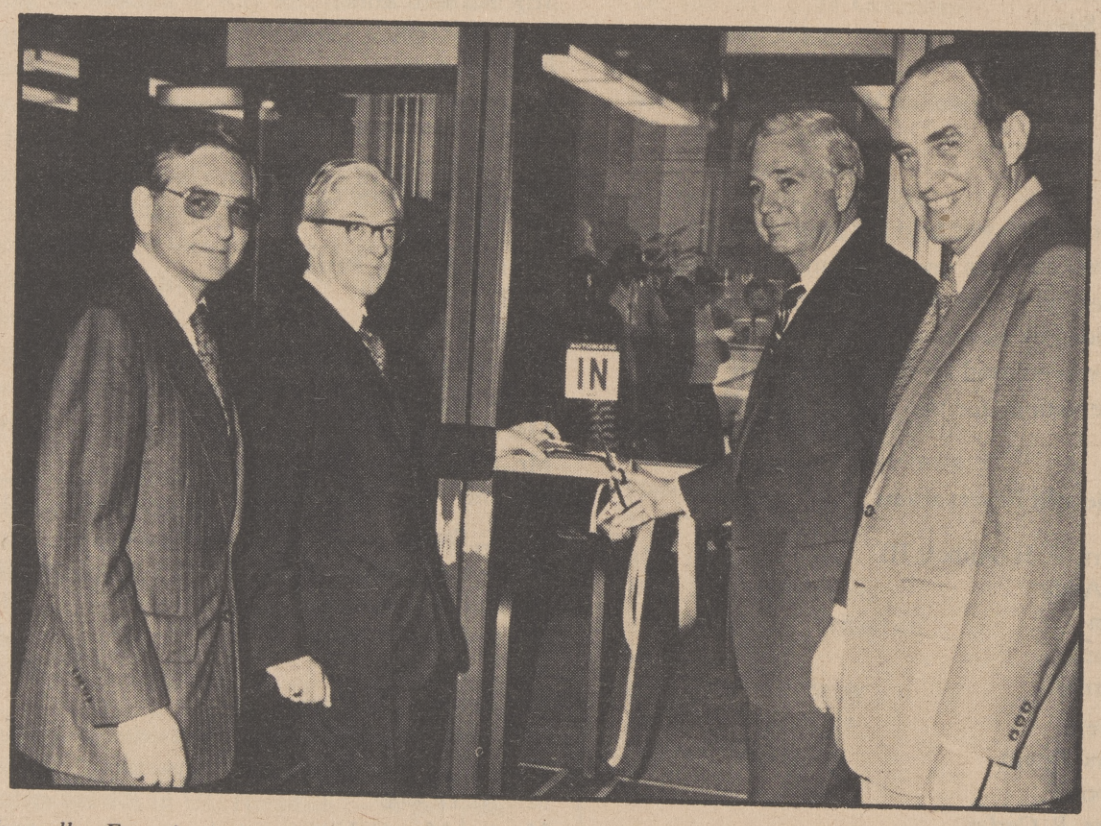
"Dr. Carter lived as full and colorful a life, privately and professionally, as did his ancestors who were among the first to come to the New World in the 17th Century. The first, John Carter, settled in Virginia in 1649 to become eventually a wealthy tobacconist. For two centuries the family flourished. Robert Carter II, Dr. Carter's great-great grandfather, is the namesake for the famous King Carter Hotel in Richmond, Virginia, and Dr. Carter's memoirs note "it is to its management that I owe valuable leads in my investigations . . . of the fortunes and misfortunes of the Carter family."

"Dr. Carter's paternal grandmother was a Hoover—a distant cousin of President Herbert Hoover. From her, he learned how his family came west "on trails blazed by Daniel Boone and his men." The youngest of eight children, Carter was born in Hatfield, Missouri, and never once considered that he would not become a doctor. He received his M.D. degree from the University of Southern California in 1908."

"It was during his college days that Dr. Carter first came to the UC Medical Center, which then consisted of only a few brick buildings, and where he left a lasting impression on the two men (Doctors Herbert



Caspar W. Weinberger, Secretary of Health, Education and Welfare was the keynote speaker at the dedication program.



Chancellor Francis A. Sooy (center right) cut the ribbon, the formal act of opening the new Ambulatory Care Center. Joining the traditional ceremony were (left) Mr. Robert A. Derzon, Director of Hospitals and Clinics, and Dr. Francis J. Curry, Director of the San Francisco Department of Health. (far right) Dr. Robert H. Credé, Professor and Chairman of the Division of Ambulatory Medicine.



"He saw men as they were and loved them for it." . . . reads the dedicatory plaque beneath the portrait of William Elmer Carter, M.D., LL.D., first Director of the Outpatient Department at UCSF.



Dr. and Mrs. Sooy and Helen Chryst (right) retired Registrar and Admissions Officer who returned to campus to coordinate the dedication preparations.

photos by Gerald Pong

C. Moffitt and Langley Porter) who would one day woo him back."

"Dr. Carter traveled extensively in the United States and in Europe after obtaining his degree, receiving further training in pediatrics. He finally settled in Southern California with his wife and two children, and established a sizeable practice. Sixteen years later, in 1920, he turned his Los Angeles practice over to a colleague and came to San Francisco, to become one of the most highly respected and loved members of the UC Medical School faculty. He became Director of the Outpatient Clinics in 1929, a position he held until his retirement in 1950."

"He personally interviewed most new patients in order to assign them to the appropriate clinic, but more than that he would frequently call on the staff physician for his personal attention and a prompt report to the referring physician. Much of the renown of this great institution was based on a simple formula of personal attention, taught by this selfless individual."

"Among the many projects begun by Dr. Carter, was the new University of California Clinics Building, and it is to honor him that this portrait will hang in the lobby, where he can continue to greet—as he always did—those who walk through the doors."

Just before unveiling Dr. Carter's portrait, Chancellor Sooy concluded with this comment: "Late in his life, Dr. Carter expressed the hope that his years with the UC Clinics might one day be recognized in some manner. All I can say now is . . . Bill Carter, this is the day!"

ROBERT H. CREDE, M.D., Chairman, Department of Ambulatory and Community Medicine, UCSF:

"The structure we are dedicating today is not as important as its function. This building will house an expanded teaching and patient care program which will be of benefit to our local as well as our extended community. It is for these purposes that our citizens, through state and federal government funding, have given us financial support for construction and operations."

"Our ambulatory care teaching program will emphasize several major concepts: first, the comprehensive care of ambulatory patients, including prevention and rehabilitation; second, the techniques needed for successful evaluation and therapy of complicated medical problems in ambulatory settings, and appropriate relations between hospital care and outpatient care; and third, the utilization of a multidisciplinary approach to patient care. In this building students from the Schools of Dentistry, Medicine, Nursing, and Pharmacy work together learning how to function as a team in the delivery of health care services."

"Patient care programs must reflect our educational needs, but service to the local community will receive appropriate emphasis as in the past with the Bayview Hunters Point Community Health Service, Northeast Medical Service and many others. Moreover, this medical center is a regional resource and we expect to render improved service to patients, and their referring physicians, from the entire Northern half of our state.

"We hope that all of our patients will feel they have received excellent care and were treated with dignity and with consideration for their personal needs. I am certain that all members of the campus community who work in this beautiful new building will make every effort to achieve these goals."

ROBERT A. DERZON, Director, University of California Hospitals and Clinics:

"This attractive building is not just more space, newer furnishings, and a better view of the City and Bay—although it is surely those things, too. This is a building of *opportunities*—opportunities to improve patient care, to improve teaching, to experiment with different organizational models of care and to evaluate these models; opportunities to improve our community services, opportunities to continually examine and re-examine the roles of the health professionals in training here; and, surely, opportunities to strengthen our commitment to that phase of health care which represents 70 to 80 percent of the practice of most physicians."

"That this new Ambulatory Care Center affords outstanding program opportunities and alternatives was made particularly clear by a critical but constructive study by Professor David Werdegar, of Dr. Crede's Division, who consulted extensively with the faculties, students, employees, and patients before coming forward with a series of recommendations which, for the most part, we are following."

"We are attempting to consolidate within the new building almost all ambulatory services of this campus. Medical School clinicians, who are encouraged to maintain their clinical competence as part of their faculty duties, are either merging their established practices into a specialty outpatient clinic, or at least are sharing space and resources within the individual clinic setting. This has the singular advantage of bringing faculty together with their house staff and students and offering the potential of a single standard of care for all patients."

"The Medical Records services upon which our outpatients are so dependent, are now located in the plaza level in close proximity to the major clinics; Radiology services are ensconced in fine new quarters. We have accomplished the geographical alignments

On Campus

that allow teams of neurologists and neurosurgeons to share space . . . gastroenterologists and general surgeons as well. Tumor specialists from the Cancer Research Institute have moved from Moffitt Hospital and are sharing space with the Hematology clinic.

"It is easy and pleasant to recite the successes, but I think I also must highlight one or two critical issues, each a matter of serious concern."

"The first is the serious difficulty of arranging for the continuity of care in a teaching setting. How do we develop a meaningful provider-patient relationship when, by definition in a teaching setting, students work to provide patient care under the direction and supervision of faculty? For the complex referral patient who comes from a distant town and who will return to a local physician in a matter of days or weeks, this is a manageable problem. For the patient who is almost fully dependent upon the UC Clinics for his or her care, the lack of continuity is a formidable obstacle. We have been able to successfully resolve this issue for many of our patients, for others, it remains an unresolved dilemma."

"Second, and even more serious, is the issue of escalating costs. At the very time teaching centers wish to expand their alternatives to inpatient care, costs of educating health professionals in the ambulatory setting have become so high that few patients can afford this care without substantial financial assistance."

"Fortunately, the legislature of the State of California has consistently recognized this and provided significant financial support. Without 50 percent of our actual costs met by these state funds, ambulatory care on this campus would be gravely imperiled.

There are no current federal programs of which I am aware that provide relief to the high teaching costs that inevitably affect the pricing of outpatient services."

"It is not enough to seek governmental relief for this difficult problem. We can moderate somewhat our own unit costs of care in the Ambulatory Care Center by competent management and strengthened incentives leading to improved utilization, better scheduling, more efficient but no less effective teaching, and more effective sharing of offices, treatment areas, and staff. Lower unit costs for each service is our best protection for continuous patient flow and the public's best assurance of access to this academic center and to others like it. With careful attention and strong leadership, these problems will be solved."

Claire Wray

NEWS

Send your items to Rita Carroll, Editor, UCSF NEWS, 1487 Fourth Avenue.

Appointments, Awards, Elections, Honors, Research, Community Projects, New Programs. & ?

Faculty Research Lecture

Faculty Research Lecturer for 1973-74 is E. Leong Way, Ph.D., Professor and Chairman of the Department of Pharmacology and Experimental Therapeutics. He is the 17th recipient of this award, one of two of the highest honors which the Academic Senate may bestow upon one of its members.

Dr. Way will present his Faculty Lecture, "Tales of a Non-Junkie: Hooked for Thirty Years," during Medical Grand Rounds, May 1, at 11:00 a.m. in Cole Hall.

In selecting Dr. Way for the honor, the Academic Senate Committee on Research summarized some of Dr. Way's scientific accomplishments . . . "He has distinguished himself as an outstanding researcher in the fields of lung metabolism, neo-natal pharmacology, clinical pharmacology, and in studies on the biochemical mechanisms of narcotic addiction."

A native of Watsonville, California, Dr. Way received both his undergraduate and graduate education at the University of California. During his years of research and teaching at UCSF, Dr. Way has also established an international reputation of significant dimensions. In addition to his University activities, he has been a consultant to the State of California, Department of Corrections on narcotic research; and participated on many state and national advisory boards. For five years he was a member of a Japan-U.S.A. Cooperative Program engaged in research on drug abuse.

Dr. Way was also a Visiting Professor of Pharmacology and China Medical Board Research Fellow at the University of Hong Kong during 1962-63; and a USPHS Special Research Fellow at the University of Berne, Switzerland.

A lengthy list of Dr. Way's publications includes two books . . . "New Concepts in Pain," (of which he is volume editor) and "Fundamentals of Drug Metabolism and Drug Disposition." He is the author, with the late T. K. Adler, of a monograph, "The Biologic Disposition of Morphine and Its Surrogates."

In determining their selection, the Committee recognized not only his research accomplishments, his teaching skills, and his distinguished scholarship, but also his high intellectual integrity and personal warmth and sensitivity.

Award

Dr. Roderic H. Phibbs and Dr. M. Michael Thaler, Associate Professors of Pediatrics are among the 38 recipients in the United States of the new Faculty Scholar Award Program of the Josiah Macy, Jr. Foundation of New York. This Program gives outstanding faculty members an opportunity to spend time in concentrated research away from their home institutions. Dr. Phibbs will be working at the Nuffield Institute for Medical Research, Oxford, England, on studies on the adaptation of the fetus to chronic hypoxia. Dr. Thaler will go to the Weizman Institute of Science at Rehovot, Israel, to work on cell-surface changes in the development and regeneration of mammalian liver.

HOMECOMING
School of Medicine
ALUMNI

Don't Miss It!

May 11, 1974 Saturday

REGISTRATION

Millberry Union—9:30 a.m. to 12:00 p.m.

CAMPUS TOURS: 10 - 12 Noon

Conducted by Faculty Members, Class of 1949

SCIENTIFIC SYMPOSIUM

Toland Hall Auditorium—2:00 p.m. - 4:30 p.m.

LUNCHEON: Millberry Union—12:15 p.m.

SYMPOSIUM 2-4 p.m. in Toland Hall

X-Rated Film of Class of '49

William E. Latham, M.D.

BANQUET and no host reception at the Fairmont Hotel

Class of 1949

Twenty-fifth Anniversary



Honors

Jere Goyan, Dean, School of Pharmacy, and Jerome Yalon, Associate Hospital Administrator and Assistant Clinical Professor of Pharmacy, are serving on a California State legislature advisory commission which will make recommendations for the more effective utilization of pharmacy personnel.

CAL HIGHLIGHTS

April 26-27-28
Millberry Repertory Theatre presents
To Be Young, Gifted, and Black

April 26-May 3
Semana de La Raza

La Semana de La Raza is presented by CHE (Chicanos in Health Education) in cooperation with the Committee on Arts and Lectures. Music and dancing punctuate this week-long celebration which will feature entertainment and education.

La Semana de La Raza marks the Cinco de Mayo (Fifth of May) celebration held in Mexico to commemorate the triumph of the Mexican nation in the Battle of Pueblo in 1862. This victory was the first time that Indian troops had defeated Europeans in "modern" battle. The Mexican nation was at war with the tri-alliance of Britain, Spain, and France over unpaid war debts.

The significance of Cinco de Mayo for Chicanos, today, is the battle for existence which Indians and Mestizos have to carry out for physical and cultural survival in an Anglo world.

The Millberry Repertory Theatre, under the direction of Christian Brust, proudly announces its third production . . . "To Be Young, Gifted, and Black" . . . a portrait of Lorraine Hansberry. Adapted by Robert Nemiroff, this stunning play will be presented at the Guy S. Millberry Union in the Steninger Gymnasium April 26 and 27 at 8:00 p.m. A special Black Caucus Benefit matinee will be given Sunday at 2:00 p.m.

Founded in June, 1973, the Millberry Repertory Theatre is comprised of students, faculty, and employees at UCSF. Membership is also open to community members who may wish to participate.

The Neighborhood Arts Program has generously assisted the UCSF group with guidance about lighting for their productions.

Friday Night Films

May 17 "Dirty Harry"

May 24 "What's Up Doc?"

May 31 "Fanny Hill"

All films shown at 8:00 p.m. in Cole Hall

Classics

May 8 "The Red Shoes"

May 29 "Tales of Hoffman" 7:30 p.m. Cole Hall

UCSF students with ID—Free



Seiji Ozawa, Conductor and Music Director of the San Francisco Symphony Orchestra, will be at UCSF on Thursday, May 2, in Millberry Lounge. Maestro Ozawa is giving this hour to hold an informal question and answer session for those interested in music.

The San Francisco Symphony Forum at UCSF invited Mr. Ozawa and hope to bring other symphony artists to the campus. The Forum coordinates discount ticket sales on campus during the symphony season.

Championship for UCSF

The Northern California Squash Association (NCSA) team championship was won this year by UCSF. Individual trophies were presented to the six team members by Richard Crawford, President of NCSA.

The UCSF Squash Team scored 9 wins and 3 losses in the preliminary events and 3 wins and no losses in the playoff.

Members of the championship team are Michael D. Goldfield, M.D., Assistant Clinical Professor of Psychiatry; Joe Jezukewicz of the Chancellor's Office; Alan Rubin, M.D., an endocrinologist on the Clinical Faculty of the Department of Medicine; Robert La Pointe, Community Affairs Officer; Edward Green, D.D.S., Chairman of the Division of Periodontology, and William Miller, student at UC's Hastings College of the Law.

According to Dr. Goldfield, the courts at UCSF in Millberry Union are excellent. The UCSF team also plays teams at the Olympic Club, Jewish Community Center, and UC Berkeley.

Players on the award-winning squash team are (left to right, back row) William Miller, Joe Jezukewicz, Ed Green, (front row) Alan Rubens, Mike Goldfield, and Bob LaPointe.

Award to Athlete

The San Francisco Police Activities League (PAL), hosted a banquet on March 15 at the San Francisco Athletic Club. Purpose of the occasion was to honor the youthful athletes of the organization. The Student Athletic Award was presented to Mark Hernandez as the outstanding athlete and student of the year. Mark is a member of CAL PAL Sunset Baseball team, which is sponsored by the UCSF Campus Police Department.

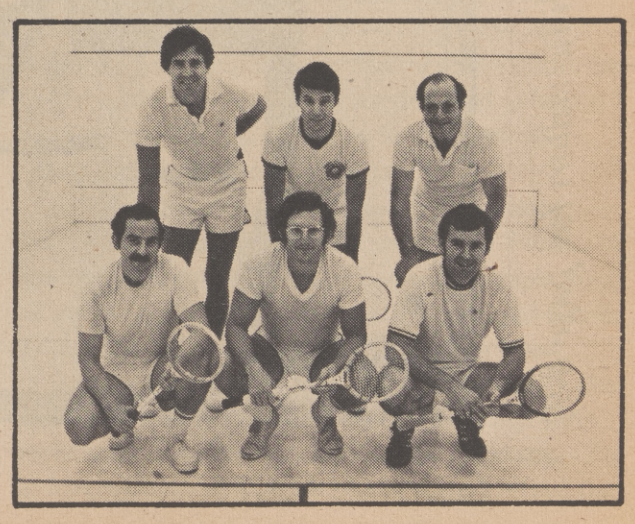
According to Officer Bert Aceret, who coaches the team, he . . . "could have nominated almost anyone of the 18 players . . . it's a fine team!"

Coach Aceret describes Mark as "a quiet, unassuming, serious young man who is interested in his school work and is extremely dependable as a ball player."

"We at UCPD believe Mark is deserving of this award," commented Officer Aceret, "and we thank the SFPAL for their foresight in selecting him."

Mark, who has maintained a "B" average at Lowell, is a runner on the school track team and a member of the football team. He is also involved in community and church activities.

Mark Hernandez (center) holds the Student Athletic Award trophy presented to him by the San Francisco Police Activities League. He is a member of CAL PAL Sunset Baseball Team. At his left is Verne Lopez, Chief of UCSF Police Department, and at his right is Officer Bert Aceret, who coaches the campus team.



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Inside

Some vegetable and fruit diets can cause nutritional and medical problems; especially in pregnant women, infants, and children. 2

Affirmative Action at UCSF is producing encouraging results as the program develops. Recruitment and employment practices are among the elements that reflect a positive approach to the problems of minorities and women. 4

A new community dental clinic is planned for the neighborhood adjoining the University's Extension Center at Laguna and Haight Streets. 6

The Ambulatory Care Center is a new community health facility. Speakers at the dedication ceremony highlighted the needs to which such a center can respond. 12

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A new Playroom for younger clinic visitors (see page 8-9)